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DEVELOPMENT AND EVALUATION OF A FIVE DAY MICROCOUNSELLING WORKSHOP FOR COUNSELLORS OF ALCOHOLICS

by

© ROBERT L. BELL

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled DEVELOPMENT AND EVALUATION OF A FIVE DAY MICROCOUNSELLING WORKSHOP FOR COUNSELLORS OF ALCOHOLICS submitted by ROBERT L. BELL in partial fulfilment of the requirements for the degree of Master of Education in Counselling Psychology.

Peter Calder
Supervisor

Wesley J. Adams

W. Hague

Date May 31 . . . .1977.

ABSTRACT

A modified microcounselling workshop, adapted from the model proposed by Ivey and Gluckstern (1974), was conducted with fifteen paraprofessional counsellors who were involved with alcoholics. The skills taught were verbal following, open questions, closed questions, minimal encouragers, paraphrasing and reflection of feeling. The workshop is described in detail.

Statistical analysis indicated significant change on all but one of the variables. There were significant results on the variables of verbal following, closed questions, minimal encouragers, paraphrasing, other, counsellor talk time and reflection of feeling. There was no significant difference in relation to open questions. This may be partially due to the fact that subjects after training tended to ask both fewer open and closed questions while relying significantly more on the use of minimal encouragers, paraphrases and reflection of feeling.

In addition to behavioral measures of effectiveness the study includes subjective evaluations by the participants. The feedback tended to be very positive.

A detailed description of the program was made which could be used in conducting other workshops.

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CHAPTER I

INTRODUCTION

There is an increasing need for people who are both competent and feel comfortable in giving therapeutic service to the alcoholic. It would appear that much, if not most of the help will come from paraprofessionals rather than from professional groups (Pattison, 1973; Milam, 1974). This is partially due to the apparently negative attitude of many professionals towards working personally with the alcoholic (Pattison, 1973; Knox, 1971).

Pattison (1973) reviews the studies by Blum and Blum (1967), Cohn (1970), Gottesfeld, Rhee and Parker (1970) and Plaut (1967) and summarizes the following aspects of professional social service agencies and individuals in reference to alcoholics. He says that the studies indicate that (1) there is a general negativistic attitude towards alcoholics, (2) agencies tend to screen out rather than give service to alcoholics and (3) professionals both avoid choosing services to alcoholics as a professional option and avoid those who seek services in their agencies. As a result Pattison (1973) goes on to state "For the major bulk of alcoholism services, manpower have come from the ranks of volunteers and paraprofessional personnel" (p. 17). This being the case, it is important that the paraprofessional have at least the basic skills to give the service.

The adequate training of people in this increasingly important area is vital. While unique theoretical and factual knowledge about alcoholism cannot be ignored, certain abilities are basic for any helping relationship, specifically communication and interviewing skills (Hackney and Nye, 1973; Dilaney and Eisenberg, 1972; Brammer, 1973; Ivey 1971; Brammer and Shostrom, 1968; Okun, 1976). Traditionally counsellor training programs have not emphasized a very explicit or systematic approach to teaching these skills (Rogers, 1957; Cartwright, 1968; Ivey et al, 1968; Carkhuff, (1969a). In the last number of years this has changed, with various approaches being suggested which tend to be more systematic and specific (Truax and Carkhuff, 1967; Kagan and Krathwohl, 1967; Ivey, 1971). Of particular interest in this study is the method of microcounselling developed by Ivey (1971).

It has been the writer's experience that many people, already working in various social service agencies, who are having more and more contact with the alcoholic are feeling a great deal of discomfort and frustration. There have been numerous requests for training in "how to work with the alcoholic". It is assumed that to effectively work with the alcoholic, one must be able to listen in such a way as to understand and also to be able to communicate that understanding to the alcoholic. While Small (1974) reports that "the one thing the alcoholic talks of needing the most is to be understood", Ivey (1974a) points out that "Very few

people in our society are effective listeners...." Based on the belief that effective listening is a basic but unfortunately often unacquired ability necessary for understanding, Ivey's microcounselling approach, which teaches listening skills in a very explicit manner, was chosen as the method of training in this study.

Purpose of Study

The major objectives of this study were to (1) develop a program, modified from the Ivey, Gluckstern (1974a) training model, (2) to train experienced paraprofessionals in a residential setting and (3) to evaluate the program by taking pre and post behavioral measures of basic attending skills.

Specifically, a group of fifteen paraprofessionals working in various settings were brought together for a five day residential microcounselling workshop. Videotaped interviews were taken of each participant at the beginning before training and again after training at the end of the workshop. Behavioral pre-training and post-training measures of topic jumps, open questions, closed questions, minimal encouragers, paraphrasing and reflection of feeling were made and compared.

It is hoped that this study will be a practical contribution towards a better understanding of effective methods for basic interview training, not only for the naive beginning helper but also for the more experienced helper who has not been taught some of the basic skills in a specific, clear manner.

Definition of Terms

Microcounselling

Microcounselling is a scaled-down interviewing situation in which a beginning counsellor and a volunteer client talk about real problems. Microcounselling emphasizes focusing attention on single, specific counsellor behaviors rather than attempting to teach an individual all the skills of counselling at one time. The single skill concept is a vital part of the process (Ivey 1974).

Attending Skills

The specific skills taught were those of eye contact, body language, verbal following, open questions, minimal encouragers, paraphrasing and reflection of feelings (Ivey and Gluckstern 1974b).

Experienced Paraprofessionals

None of the participants were naive or beginning helpers. All were actively involved as helpers and were in contact with alcoholics in the course of their duties. All had been on a previous course, conducted at different times, covering basic knowledge and attitudes towards alcoholism and had chosen to come to this course because of an expressed need for specific skills training.

Five Day Residential Workshop

The workshop was conducted at Henwood, an in-patient treatment clinic for addictions. The participants used

the clinic's accommodations during the workshop. The course started on a Sunday evening and concluded the following Friday at noon.

Limitations of Study

Because of the lack of a control group in this study any generalization must be made with caution. It is hoped however that this study will be of heuristic value both in its detailed documentation and the indications that it gives of this particular procedure with this particular population. There are indications, which will be discussed later, that different procedures may be useful depending on whether the trainees are naive or experienced.

CHAPTER II

REVIEW OF RELATED LITERATURE

This review will center on references to (1) the attitudes of many professionals towards working in the alcoholism area, (2) the need for trained paraprofessionals, (3) the systematic, skills approach to counsellor training and (4) a survey of the increasing number of studies using the microcounselling approach.

Attitudes of Different Professionals' Orientations

When talking about the treatment of alcoholics Milan (1974) states that "the majority of professionals have turned away from this most frustrating and bewildering of diagnostic groups" (p. 48). The following research indicates that some of the main reasons for this kind of response are that professionals have been inadequately trained in this area, they do not have enough time to deal with the individual and they have had little success in helping the alcoholic.

Pattison (1973) reviews the literature about various medical and mental health agencies and concludes that as well as a general negative attitude, these agencies tended to screen out alcoholics where possible and when alcoholics were admitted, the individual professionals on staff tried to avoid them. He says "The field of alcoholism services has been ignored by health professionals in general, and

mental health professionals in particular" (Pattison, 1973, p. 17).

In surveying general practitioners opinions in Australia, Reynolds (1975) says "Very few general practitioners want to treat either 'alcoholism' or opiate users themselves" (p. 168). This was mostly due to the fact that "previous results had been frustrating and disappointing and that the practitioner lacked time" (p. 168).

The above ideas are similar to those expressed by United States naval medical officers surveyed by Strange (1971). He says that the typical psychiatrist in that study "admits considerable sense of futility in his own treatment of alcoholic patients" (p. 882).

Glatt (1975) reports that the attitudes of many doctors in England are very poor. He points out that one reason for this is the inadequate training that most of them have received in terms of alcoholism. Todd (1975) and Rock and Silsby (1975) also point to the fact of inadequate training in medical schools.

The few surveys taken of psychologists also indicate rather negative attitudes. Knox (1969) surveyed 591 psychologists working in various Veteran Administration Hospitals. He says that the results show that the psychologist in these institutions, which admit many alcoholics, typically "considers treatment benefits limited at best and does not wish to be associated with it personally to any degree" (p. 446). Rivers and Cole (1976) state "Psychologists, like many

members of helping professions share with the public negative attitudes and misconceptions about alcohol problems" (p. 202).

While professional attitudes have been rather negative, there are encouraging indications of change. Rivers and Cole (1976) report on a doctoral program being instigated to train psychologists in the addictions field. Lewis (1975) reports on changing attitudes in the nursing profession. Bosma (1972), Todd (1975) and William (1975), all medical doctors, are just a few of the increasing number who show positive attitudes and are calling for improved training in medical schools to prepare doctors with better attitudes and skills to work with the alcoholic.

This review of literature indicates that, while there are some encouraging signs of change, there is a negative attitude towards working with alcoholics on the part of many in the helping professions. The basis for this attitude is largely due to the lack of appropriate training, insufficient time available to work with the individual and very little success with this type of client.

The following section will point out that as a result of the attitude and the lack of availability of many professionals, the treatment of alcoholism has been staffed mostly by paraprofessionals.

Need for Trained Paraprofessionals

While professional attitudes and skills are improving, there are simply not enough trained people to give the

required amount of service. The Addiction Research Foundation (1971) estimated that in 1967 there were over 300,000 alcoholics in Canada. The Commission of Inquiry into the Non-Medical Use of Drugs (1973) after quoting the above figure of 300,000 states "The number is undoubtedly substantially higher today" (p. 395). Wilson (1968) talks of an estimated 900,000 alcoholics in the state of California and points out that if this estimate is correct "it would require the services of every psychiatrist in the United States just to see each one once a week" (p. 212). Present indications suggest that professional groups, have neither the necessary desire nor numbers to keep up to the problem.

A number of writers draw attention to the fact that paraprofessionals are needed and have already shown themselves able to give much of the necessary services. For example Rock and Silsby (1975) say that most of the physicians they surveyed felt that "evaluation is a task of the skilled paraprofessional" (p. 783). Bosma (1972) believes that the major challenge in the immediate future is "training professionals and paraprofessionals in diagnosing and treating the alcoholic" (p. 132). Pattison (1973) emphasizes that "the major bulk of alcoholism services manpower have come from the ranks of volunteers and paraprofessionals" (p. 17). Milam (1974) says "Paraprofessionals have already demonstrated ability in treatment and program administration, and this readily available manpower pool has become the primary source for staffing" (p. 65).

The above literature demonstrates the need of using the competent paraprofessional in the treatment of alcoholism. Staub and Kent (1973) stress this by co-authoring their book "The Paraprofessional in the Treatment of Alcoholism: A New Profession."

The literature emphasizing the use of paraprofessionals in alcoholism services is consistent with the more general view, that in the future, paraprofessionals will be a major source of many helping services (Danish and Brock, 1974; Egan, 1975; Brammer, 1973; Danish and D'Augelli, 1975).

With the recognition that this group may continue to be used more and more to provide basic psychological services (Danish and D'Augelli, 1975), must go the recognition for adequate training and supervision. The American Personnel and Guidance Association (1967) suggests that training be of a specific concrete nature and that the paraprofessional work under supervision. These guidelines are supported by Gust (1968), Hansen (1965), Patterson (1965, 1967) and Wrenn (1965).

There is increasing evidence to indicate that much of the training of both professionals and paraprofessionals will be accomplished with systematic procedures which stress the learning of particular skills (Carkhuff, 1969; Ivey, 1971; Brammer, 1973; Egan, 1975; Okun, 1976).

The Systematic, Skills Approach to Training

In the field of human relations, the effectiveness

of a systematic approach to training as opposed to less structured procedures, has been known for some years. Rogers (1957), concerned with the lack of objective data about psychotherapy as well as lack of training evaluation of therapists, attempted to make training procedures more systematic and open to evaluation. In doing so he proposed a training program consisting of models in the form of tape recordings, vicarious learning and experience.

While Rogers experienced success with this new approach perhaps the most important aspect of his attempts was that a trend towards more systematic and structured "helper" training was indicated.

Following Rogers' example, Truax and Carkhuff (1967) focused in on what they termed "core conditions". Their didactic-experiential approach consisted of the following components: Modeling tapes which displayed positive and negative examples of the core-condition being taught, didactic training to help the learner further discriminate between high and low levels of the core condition; and actual experience. Carkhuff (1969a, 1969b) gives a complete amplification of this model.

Others have continued and developed various methods which stress a systematic, skills approach to helper training (Brammer, 1973; Hackney and Nye, 1973; Kagan and Krathwohl, 1967; Ivey, 1971; Egan, 1975; Danish and Hauer, 1973).

Systematic training which emphasizes the acquisition of skills, receives additional support from research in the

area of teacher training (Allen, 1967). The microteaching approach is defined by Shore (1972) as follows: "Microteaching is real teaching reduced in time, number of students, and range of activities" (p. 1).

Welch (1976) suggests two elements which differentiate microteaching from other teaching methods. These are:

1. "The ease with which the teaching situation can be controlled and manipulated. A certain skill requiring attention on the part of the student teacher can be identified and practiced in a brief teaching encounter with a small number of students. A videotape of this encounter is viewed by the student teacher and his supervisor, and suggestions for improvement are made. This is followed by another brief teaching encounter and supervision.

2. The availability of immediate feedback for the student teacher" (p. 6).

This methodology of microteaching has been taken and adapted to the field of counsellor education with considerable success (Ivey et al, 1968; Moreland and Ivey, 1973; Aldridge and Ivey, 1975; Haase and DiMattia, 1970).

Studies Using the Microcounselling Method

The adaptation of microteaching to counsellor education has been termed "microcounselling". The first published research on this method was conducted by Ivey et al, (1968). This investigation evaluated the effects of microcounselling upon three groups of pre-practicum counselling students.

In the first group, the skill being taught was "attending behavior" composed of the three components of

eye contact, relaxed posture and verbal following. There was significant difference between the experimental and control groups on both the eye contact and verbal following components. The clients interviewed by the experimental group rated their helpers significantly higher than did those of the control group.

The skill being taught to the second group of beginning counsellors was "reflection of feeling". Analysis of pre and post measures showed significant results. There was also significant improvements in counsellor self-concept, as rated by themselves and counsellor effectiveness as rated by their clients. No control group was used.

The third group focused on "summarization of feeling". Pre and post training measures indicated significant results. As in the second group, counsellor self-concept and effectiveness were significantly improved. There was no control group.

Moreland, Phillips, Ivey and Lockhart (1970) used the microcounselling method with a group of ten beginning graduate students in clinical psychology. Each student interviewed a client at the beginning of the semester for thirty minutes. During the semester six skills were taught. They were: attending behavior, minimal encouragers, open invitation, reflection of feeling, summarization and paraphrasing. At the conclusion of the semester they reinterviewed the same client for another thirty minutes. Results of the comparison between pre and post measures indicated that minimal encouragers and paraphrasing remained the same;

there was a reduction in the number of closed-ended questions; reflection of feeling, open invitation, and summarization increased both quantitatively and qualitatively; and there was a significant improvement in attending behavior. While there was no control group used, this study does indicate that the skills were maintained and integrated into an interview in a meaningful manner.

Moreland, Ivey, and Phillips (1973) compared the microcounselling model with traditional psychiatric training for twenty-four second year medical students in a class in psychiatry at the University of Oregon Medical School. The skills taught to the microcounselling group were attending behavior, open-ended questions, minimal encouragers, paraphrasing, reflection of feeling and summarization. The second group received didactic training involving lectures and instructional material. The microcounselling group demonstrated significant improvement in regards to both attending behavior and reflection of feeling as compared to the other group.

Kerrebrock (1971) used the microcounselling method to present the three skills of attending behavior, reflection of feelings and expression of feelings to thirty-six secondary school teachers. The teachers were academic advisors in their schools. The results show the experimental group, as compared to the control group, significantly improved on both reflection of feeling and expression of feeling.

Aldridge and Ivey (1975) taught the attending

behavior skill to junior high school students. Sixteen students were divided into an experimental or control group. They were all grade nine students ranging from fourteen years one month to fifteen years seven months of age. The researchers behaviorally defined seven non-verbal and five verbal variables to be measured as well as a counsellor effectiveness scale to be completed by the clients. Analysis of the data showed the microcounselling group to be significantly improved on three verbal measures, three non-verbal measures and on the counsellor effectiveness measure. There were no significant improvements by the control group.

As well as indicating the effectiveness of microcounselling, this study points out the precision with which some of these skills can be defined. This is of particular value in terms of evaluating counsellor skills.

Various studies have been done with lay personnel and paraprofessionals. Haase and DiMattia (1970) used microcounselling to teach the three skills of attending behavior, reflection of feelings and expression of feeling to a group of sixteen female lay personnel. The subjects' ages ranged from twenty-one to fifty-two and only one had more than a high school education. The training sessions were three, four-hour segments. The training was done in groups and as a result, the counsellor's client was another member of the same group. The counsellor had a different client for pre and post measures. The results were significant on

all three skills and counsellor effectiveness was also significantly improved from pre to post training.

In a one year follow-up study (Haase, DiMattia and Guttman, 1972) found that the skills of non-verbal communication and expression of feelings were retained at an improved level. However, the skills of verbal following and reflection of feeling had decreased, although still above original performance levels. The authors concluded that to retain the skills, it would be necessary for individuals to have continuing practical experience and supervision.

Gluckstern (1973) used the microcounselling approach with parents of drug abusing children. Pre and post training measures indicated significant differences in the areas of reflection of feeling, counsellor focus on client, and less emphasis on closed questions. These skills were retained over a six month period because of active use with clients and monthly follow-up group training sessions.

There have been some studies comparing microcounselling and other approaches. DiMattia and Arndt (1974) compared microcounselling and reflective listening. There were seven subjects in the microcounselling group and eight in the reflective listening group. Results indicated that there were significant differences for both groups in terms of verbal following, eye contact and counsellor effectiveness as evaluated by four judges. There were no significant differences between groups. The authors suggest that although small sample size may account for no differences between

groups and that additional research was needed before conclusions could be drawn, that this study gave at least a tentative suggestion that simpler methods than microcounselling might be used with similar effect.

Toukmanian and Rennie (1975) compared microcounselling and human relations training. Twelve undergraduate students received training in Carkhuff's seven core counsellor conditions of accurate empathy, genuineness, respect, concreteness, self-disclosure, confrontation and immediacy of relationship. Twelve microcounselling subjects were taught the skills of attending behavior, minimal encouragers, verbal following, open inquiry and reflection of feeling. There were two control groups. The first was made up of five undergraduate psychology students and the second was made up of eight nonpsychology major students. The criterion variables were empathy, open invitation to talk, closed inquiry and interpretation and/or advice. The data indicated that in comparison with control groups, both experimental groups were significantly improved on all measures. However, the microcounselling subjects gained significantly more on empathy than did the human relations group.

Authier and Gustafson (1975) have investigated the importance of supervision in the microcounselling procedure. They randomly assigned twelve paraprofessional drug counsellors to either a supervised or nonsupervised microcounselling group. The skills taught were attending behavior, minimal encouragers, open invitation to talk,

reflection of feeling, paraphrasing and summarization. They found no significant results of the microcounselling training in either group. The authors suggested that some reasons for these results could be the type of subjects (experienced paraprofessionals), the type of clients (drug abusers), poor motivation on the part of the subjects and also that some of the skills taught were not the kind of skills needed.

Authier and Gustafson (1976) again investigated the importance of supervision. This time their subjects were registered nurses and licensed practical nurses. The skills taught were open invitation to talk, reflection of feelings, questions to statements, confrontation, feedback and self-disclosure. They found that the supervised microcounselling group was significantly improved in using microcounselling skills and using less of the opposite skills when compared with both the non-supervised microcounselling group and the control group.

Dunn (1975) compared five procedures (microcounselling, empathy training, self-instruction, placebo training and no treatment) to teach the individual skill of reflection of feeling. He found that the microcounselling and empathy training groups improved significantly on both the number and quality of reflection of feeling. There was no significant difference between the two groups although the microcounselling group scored higher on the three dependent measures.

Hearn (1976) compared microcounselling, sensitivity

training and a new programmed text when working with a group of psychiatric nurses. All groups improved as compared to the control group but the microcounselling produced more of the defined skills and also showed better performance on the Therapist Error Checklist. One aspect of this study which Ivey and Gluckstern (1976) found of particular interest was that the clients of the microcounselling group talked more about themselves and less about external topics than the clients in the other two groups.

An interesting extension of microcounselling is "media therapy". "Media therapy is basically the direct application of microcounselling to skills of living"(Ivey, 1974, p. 179). This is teaching skills directly to clients in a frankly educational approach as opposed to a therapeutic approach (Ivey, 1973). There have been some beneficial results with couples (Higgins, Ivey, and Uhlemann, 1970) and mental patients (Ivey, 1973; Ivey and Goshko, 1971). Although there is little research in this area at present, if studies continue to support the usefulness of microcounselling as a training procedure, undoubtedly researchers will be more and more interested in its generalizability into other areas.

This review of the microcounselling literature shows that microcounselling has been effective in teaching beginning counsellors, medical students, teachers, junior high students and paraprofessionals basic interviewing skills. Comparisons between microcounselling and other training systems, while not unanimously positive, certainly

emphasize its value as a training method. There is support for using the complete procedure, rather than only parts of it, from Authier and Gustafson (1976). There are also indications that the extension of microcounselling directly into therapy to teach basic interpersonal skills to clients may be beneficial.

CHAPTER III

THE PROGRAM

This chapter will (1) briefly mention the reasons for the development of this program, (2) give a detailed description of the program and (3) list some characteristics of the participants.

Reasons for Program

This program was conducted as a result of requests from the staff of various social agencies for further training. The requests came from people employed as addictions counsellors, probation officers, public health nurses, corrections personnel, preventive social service workers, Armed Services personnel concerned with addictions, parole officers, etc. All these people had been on previous courses which had focused on attitudes towards alcoholics and basic knowledge about alcoholism. These courses had been conducted at Henwood Clinic, a residential addictions treatment centre (See Appendix A for a brief description of Henwood). Although these people felt that they had a basic knowledge of the alcohol problem, their requests were for skills in "dealing with the alcoholic person" on a personal level.

It was with the ideas that (1) "The one thing the alcoholic talks of needing the most is to be understood"

(Small, 1974) and (2) that listening skills are basic abilities necessary for understanding, that the trainers chose the microcounselling method to satisfy the requests.

The workshop was conducted at Henwood because of available accommodations for people coming from some distances in Alberta and other places in Canada. Video tape equipment and facilities were also available at Henwood.

Description of Program

In describing the program, there will be a brief overview of the total program and then a more detailed discussion. In particular, the program will be described in terms of the model outlined by Ivey and Gluckstern (1974).

The workshop was conducted with fifteen participants divided into three groups of five persons. Each group had a trainer. The workshop was a live-in course in that both the accommodation and the training were at Henwood. The course started Sunday evening and concluded the following Friday at noon. The daily schedule was from 8:30 a.m. until 11:30 a.m. and then in the afternoon from 1:00 p.m. until 4:00 p.m. In the evening there were additional sessions for practicing skills or dealing with other issues connected with the workshop. The skills taught were attending behavior, open questions, minimal encouragers, paraphrasing and reflection of feelings.

The model most closely followed in this workshop is the one suggested by Ivey and Gluckstern (1974). Ivey

(1971) states that while it may be desirable, because of various situations, to change the sequence of some of the microcounselling procedures, it is important that the four basic dimensions of single skills, feedback, models and supervision be included in some form. The Ivey and Gluckstern (1974) model have these basic dimensions incorporated into what they refer to as the five phases important in a skills training workshop. The five phases in sequential order are (1) Creating a learning environment, (2) Training, (3) Practice, (4) Extensions and (5) Evaluation and feedback.

We will now consider in detail the five phases and how they were carried out in this particular program. The first is, creating a learning environment.

Creating a Learning Environment

Ivey and Gluckstern (1974b) say that "before we teach skills it is best to recognize that you are working with real people who have anxieties, concerns and expectations related to the workshop" (p. 15). As aresult they suggest that time be taken to create a learning environment so that anxieties and concerns can be reduced. We instigated this phase into the workshop in a number of ways. First, we had an informal session on Sunday evening to get to know one another. Second, at the beginning of each day we had a "temperature reading" to deal with any concerns anyone had. Third, there was time in the evening set aside to deal with personal issues which might arise in the group.

The purpose of the Sunday evening session was to (1)

create a relaxed environment by having everyone meet and interact on a social level, (2) to divide the group of fifteen into three smaller groups of five per group and (3) to appoint one of the three trainers to each group.

The structured experience "Who Am I" (Pfeiffer and Jones, 1969) was used to start some personal interactions (Appendix B). The groups were formed by having each individual take a part of a picture which had been cut up and then finding other people who had the remaining parts of the picture. The trainers were randomly assigned to the groups. The remaining part of the evening was occupied by socializing.

The "temperature reading" aspect of creating a learning environment took place at the beginning of each day. Every morning before any new work was started, opportunity was given to talk about anything concerned with the workshop. Subjects discussed ranged from opinions of the training procedure to the fact that it was too hot in the dormitories at night.

The third element of creating a learning environment was the evening session. Each evening the small groups would meet separately to decide how they wanted to use the time. Some chose to deal with personal issues within the group. Some evenings more time would be spent on practicing of skills. On other evenings, a group would decide to go and do individual activities or go to a movie.

It was hoped that the above mentioned activities would help create a learning environment during the entire work-

shop. In addition, the trainers emphasized improvement rather than putting pressure on people to be perfect in the acquisition of the skills.

Training

Ivey and Gluckstern (1974b) emphasize that during this phase every effort should be made:

> "to make this part of the workshop especially clear and succinct. Without clarity here, later efforts within the workshop become fuzzy and diffficult to transfer to other situations" (p. 7).

In an effort to make the training "clear and succinct", various methods were used. The training in-put followed a pattern of (1) reading the manual, (2) a trainer-led discussion of a particular skill, (3) modeling to illustrate the incorrect and then correct behavior and (4) a behavioral count of the modeling followed by some discussion.

The manual. The manual used for a description of each skill was an abbreviated version of the Ivey and Gluckstern (1974a). It was abbreviated because not all the information was being used in this workshop. The abbreviated manual was reproduced with the permission of Dr. A. Ivey, Microtraining Associates, Box 641 North Amherst, Massachusetts.

The section of the manual describing the particular skill was read at the beginning of each new section. This was followed by a trainer-led discussion.

Discussion. At this point, the trainer would simply

emphasize the main points of the manual in his own words. Discussion was encouraged and questions dealt with in order to make as clear as possible the definition of the particular skill. This would be followed by the modeling of the skill.

Modeling. The skills were demonstrated by the use of video taped models. When necessary the trainers would also live-model the skill, in addition to the video tapes. First would be a five minute tape demonstrating the incorrect behavior followed by a five minute tape of the correct skill behavior.

An additional aspect of this particular modeling was, the trainers conducting the course were also the video tape models. As a result, participants were able to give direct feedback to trainers as well as ask about feeling responses the trainer had as either the client or counsellor on the video tape. The trainers had not role played in producing the tapes so the interaction and responses were real for them.

Behavioral counts and discussion. The participants were asked to count the number of times they observed the skill being demonstrated on the tape or live-modeling situation. This helped them recognize the skill and designate between different behaviors.

There was always discussion after the modeling to clarify definitions, go over some parts of the tape again and/or give feedback on the modeling.

The subjective feedback on the modeling of the skills was very positive which supports Ivey's (1971) emphasis on it being one of the four basic dimensions of the microcounselling procedure.

Practice

While all the training phase of the workshop was done with all fifteen participants together, the practice phase was done in the small groups of five participants per group.

In the practice sessions two participants would interact for five minutes. One would be a "helper", the other a "helpee". The "helpee" was encouraged to talk about something real for him rather than to role play. To encourage this we brainstormed some possible subject areas that people would be willing to talk about.

The "helper" in this interaction was to use the single skill as much as possible. The idea of the single skill was emphasized so that the "helper" did not need to be an expert in this situation but simply use the situation to practice the particular skill. Very often the trainers had to emphasize the practice and improvement of the skill rather than the solving of the problem presented by the "helpee". If people wanted to solve particular problems they were encouraged to do so in the evening sessions.

While the "helper" and the "helpee" interacted, a third member of the group was responsible for being the "camera person". This person was responsible for ending the

session after five minutes as well as doing the camera work. The cameras were equipped with zoom lenses so that the camera person was able to focus in on any nonverbal behavior that he considered significant during the interview.

While the "helper", "helpee" and "camera person" were busy the trainer and other two participants were observing the interaction in order to give any feedback and observations they might have.

At the end of the five minute session, the tape was replayed while everyone made behavioral counts of the skill being demonstrated.

At the conclusion of the tape, feedback was given. The guidelines were these: (1) the "helper" in the tape would give his observations of himself, (2) others would then give their feedback, first of all giving positive recognition of the use of the skill by the "helper", (3) critiquing by any observer was then presented in the form of options that the observer thought would have been useful, (4) the observer talked directly to the "helper", (5) critiquing was to focus on the skill not the problem, (6) the feedback was to be specific and clear and (7) any explanatory or defensive comeback from the "helper" was discouraged.

While the training phase attempted to give a clear cognitive understanding of the skill, it was in the practice phase that most of the time and effort was spent. Ivey and Gluckstern (1974b) suggest that "real learning occurs when participants actually do something, when they experience the

concepts that up to now they only understand.

Extensions

The major aspect of this phase was the use of the "do-use-teach" contacts. The ideas underlying this were that the skills could be used in many different situations and also taught to various individuals and/or groups.

Time was taken to discuss the skill and then each person wrote down the ways in which he could use the particular skill in his life.

As well as using the skill, each participant was asked to write down who he thought he could teach the skill to. Many people contracted to teach the skill to fellow workers or the family members.

Evaluation and Feedback

At the end of each skill session an evaluation was made. First, the group would simply discuss the value of the session for them personally. Second, they would complete the sentence "Today I learned...."

This evaluation aspect was very useful to the trainers both in terms of the workshop in general and about the individuals in particular. This kind of evaluation at the end of each day helped the trainers to be more flexible to the needs of the group.

One aspect of this program which was different than a completely microcounselling workshop was the showing of the films "Three Approaches to Psychotherapy". These films show

Carl Rogers, Fritz Perls and Albert Ellis each working with the same client.

These films were shown for two reasons. One reason was that by Wednesday noon the participants were very tired. They had exerted considerable energy in the workshop, especially the practicing of the skills on the video tape. The films were a welcome change of pace.

The second reason was to show the participants the way some well known models used some of the skills being taught in the workshop. The discussion following the films emphasized the personalized style in using the skills, and the client's reaction to the therapist when he used the skills. The viewing also emphasized the fact that there was much more to counselling than the few skills being taught in the workshop.

Characteristics of the Participants

All the participants were experienced helpers presently employed in a helping role. All were in contact with alcoholics as a result of their occupations. They had come to the course for practical skills in working with alcoholics.

Of the fifteen participants, seven were men and eight were women. The mean age was 37.27 with a range of 21 - 59 years of age.

In terms of education, eight of the fifteen had completed grade 12 or less, three had completed some education beyond grade 12, but not towards a degree, and four had degrees at the baccalaureate level.

Summary

This program was conducted as a result of requests from various helping groups for training in particular skills useful in dealing with the alcoholic client.

The model most closely followed was that of Ivey and Gluckstern (1974a, 1974b). This model emphasized the five phases of (1) creating a learning environment, (2) training, (3) practice, (4) extensions and (5) evaluation and feedback.

The fifteen participants of this workshop were experienced helpers who all had contact with alcoholics in the course of their duties. They had various educational backgrounds. Of the fifteen, seven were men, eight were women and their mean age was 37.27.

TABLE 1

PROGRAM SCHEDULE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	Pre-training tapes made - Intro to the week. Brainstorming what counselling "Is Not" and "Is" VTR - learn how to use and do poor counselling tapes Intro to micro-counselling procedure	Temperature reading Brief review of attending behavior Open questions manual lecture tapes role tapes Practice - small groups	Temperature reading Paraphrasing manual lecture tapes Practice - small groups	Temperature reading Reflection of Feelings manual lecture tapes Practice - small groups	Temperature reading Post training counselling interviews - taped Feedback
"Who Am I" exercise Group formations Sandwiches & coffee	Read Manual on Attending behavior Lecture Model tapes 1. negative 2. positive Practice Do-use-teach I learned today Discussion	Minimal encouragers manual lecture tapes live modeling Practice - small groups	Films Rogers Perls Ellis	Practice on any skill desired	
	Evening session to be decided by group	Evening session to be decided by group	Evening session to be decided by group	Evening session to be decided by group	

CHAPTER IV

EVALUATION AND RESULTS OF PROGRAM

This chapter will (1) describe the research design of the program, (2) indicate how the variables were measured, (3) give the reliability of those measurers, (4) state the hypotheses tested, (5) report the statistical analysis, (6) report the results, (7) give the reaction of the participants, (8) conclude with a discussion of the results.

Design

A pre test - post test design was used to assess the effects of the workshop. The comparison between pre and post measures was in terms of the number of times a skill was used.

Before training, each participant conducted a ten minute interview with another member of his small group. Each participant was told to consider this an initial interview in which he wanted to understand the helpee's situation. The helpee was asked to talk about something which was real for him and not role play another situation.

It was considered that the helpee talking about a real situation and also the fact that the participants hardly knew each other, helped make this a realistic counselling situation.

At the end of the week, another ten minute interview was conducted by each participant. Again, the helpee

talked of a reality of his own life. At the post test interview it was arranged such that the helper was counselling a member of another group who he had not worked with during the week. As a result, again the interview was a realistic initial interview for the helper and helpee.

For rating purposes the first minute of each tape was ignored and then the next five minutes was put on a master tape to be rated. The pre and post interviews were taped in a random order onto the master tape so the judges would have no knowledge of which were pre and which were post.

Variables Measured

The variables which were measured in this study were the number of (1) topic jumps, (2) minimal encouragers, (3) open questions, (4) closed questions, (5) paraphrases, (6) reflection of feelings, (7) "other", and (8) counsellor talk time. A description of each of these variables will follow.

Verbal following is described as the counsellor's response to the last comment or some preceding comment of the client. (Ivey et al 1968). Counsellor initiated topic jumps which did not follow from the client's comment were counted.

Minimal encouragers are verbal and non-verbal "indicators to another person that you are with them" (Ivey and Gluckstern 1974a). On a non-verbal level, head nods and body posture are particularly important. On a verbal level minimal encouragers are "brief utterances which show

you are tuned in with the person you are helping." (Ivey and Gluckstern 1974a). Some examples given by Ivey and Gluckstern in the participant manual are:

1. "Oh?" "So?" "Then?" "And?"
2. The repetition of one or two key words.
3. "Tell me more."
4. "Umm-humm." "Un-huh".
5. Simple restatement of the exact same words of the helpee's last statement.

Open questions are broad questions which give the client choices in how he answers. Closed questions are narrow specific questions, many times of a factual nature, which can be answered quickly in a few words. Ivey and Gluckstern (1974a) point out that typically an open question allows the focus to be on the concerns of the client rather than around the concerns of the interviewer for the client. Closed questions on the other hand typically focus on topics of interest to the interviewer.

The skill of paraphrasing in the study was defined as reflecting back to the client the essence of his verbal content.

Reflection of feeling is defined as "tuning out the cognitive aspects of a helpee's communication and responding only to the underlying emotional or feeling aspects" (Ivey and Gluckstern, 1974a).

The verbal "other" was used by Moreland, Ivey and Phillips (1973). For this present study it was defined as

any verbal utterance by the interviewer which was not one of the previous mentioned skills. After the rating of the tapes, it was apparent that most of the utterances in the "other" category were of the advice and information-giving type of response.

Counsellor talk time was simply the amount of time that the counsellor talked in the interview. This was timed with a stop watch. Counsellor talk time was measured, based on the idea that if the helper used more listening skills there would be a difference in the amount of time he talked in the interview.

Judges' Ratings

The two judges who rated the tapes were two addictions counsellors employed at Henwood Rehabilitation Centre. Both had two years of experience as a counsellor. One of the judges had been on a three day microcounselling course five months previous to the judging of the tapes.

The training of the judges was done by defining each skill in detail, modeling and giving examples of each skill and then some practice counting the skills as demonstrated on a video taped counselling interview. During the video taped interview, there was additional discussion about categorizing some of the responses.

Each judge viewed the tapes independently. Each individual tape was five minutes long. There were fifteen pre tapes and fifteen post tapes. The tapes were presented in a random order so that the judges were not aware which /

were pre tapes and which were post tapes.

These two judges measured all variables except the counsellor talk time. Counsellor talk time was measured by the writer with the use of a stop watch. A reliability check of the "talk time" was made by having a third judge rate ten tapes with a stop watch.

A Pearson Product-Moment Correlation Coefficient was computed for raters' agreement with the results noted in Table 2.

TABLE 2

Pearson Product-Moment Correlation Coefficient for Two Independent Raters on Eight Dependent Variables

Variables	r
Topic Jumps	.82
Minimal Encouragers	.93
Open Questions	.86
Closed Questions	.87
Paraphrases	.72
Reflection of Feeling	.88
Other	.79
Counsellor Talk Time	.998

Hypotheses

Appropriate null-hypotheses were developed for each

of the eight variables. The null-hypothese tested were as follows:

1. There will be no significant difference between the mean ratings of the pre and post test groups with regard to the number of topic jumps.

11. There will be no significant difference between the mean ratings of the pre and post test groups with regard to the number of minimal encouragers.

111. There will be no significant difference between the mean ratings of the pre and post test groups with regard to the number of open questions.

1V. There will be no significant difference between the mean ratings of the pre and post test groups with regard to the number of closed questions.

V. There will be no significant difference between the mean ratings of the pre and post test groups with regard to the number of paraphrases.

VI. There will be no significant difference between the mean ratings of the pre and post test groups with regard to the number of reflections of feelings.

VII. There will be no significant difference between the mean ratings of the pre and post test groups with regard to the number of "other" responses.

VIII. There will be no significant difference between the mean ratings of the pre and post test groups with regard to the amount of counsellor talk time.

A level of significance of .05 was considered

necessary to reject the null-hypotheses. Since it was presumed that growth would take place in a specific direction, a one-tailed test of significance was used.

Statistical Analysis

A t-test for non-independent means was conducted on all eight variables. The results of those tests are found in Table 3.

TABLE 3

Analysis of Functioning on all Variables Before and After Training

	Pre		Post		t
	X	SD	X	SD	
Topic Jumps	.4	.54	.03	.13	2.44*
Minimal Encouragers	11.23	8.24	19.5	9.03	3.00**
Open Questions	1.03	1.92	.3	.46	1.55
Clqsed Questions	3.50	2.65	2.10	1.96	2.72*
Paraphrasing	.97	1.14	2.73	1.76	3.29**
Reflection of Feeling	.27	.53	1.47	1.43	2.92*
"Other"	3.30	1.54	1.10	1.30	5.02***
Consellor Talk Time	2.38	.89	.95	.48	5.86***

* p .05 df = 14

** p .01 df = 14

*** p .001 df = 14

Results

The statistical results indicate that all null-

hypotheses were rejected at the .05 level of significance except hypothesis number III which was in reference to open questions. In other words there were significantly fewer topic jumps, closed questions, "other" and counsellor talk time while at the same time there were significantly more minimal encouragers, paraphrases and reflection of feeling at the end of training as compared to before training. There was no significant difference with regard to open questions.

Participants' Reactions

Subjective evaluations of the course by the participants were very positive. Although rather tired by the conclusion of the workshop, many wanted to know when the next course would be held.

A statement typical of the reactions to the workshop was "The biggest benefit for me has been to gain a specific way of viewing communications, both my own and others." Many felt that the specific definition of the skills gave them an improved method of observing and understanding communication behavior in their interview.

Being a client as well as a counsellor during the workshop gave the participants a different perspective. One said "I have used many of these skills before but I did not realize their effect, especially when used in a specific manner, until I was on the receiving end as a client."

Of particular satisfaction to the trainers was to observe that at the conclusion of the workshop, to a large

extent, the participants were simply attending and trying to understand the client rather than trying to solve the problem immediately. By the end of the week, the participants were using skills to help the client expand and explore his concerns rather than giving him answers, advice and immediate solutions.

Negative feedback about the workshop was focused on two aspects. The first was that at the beginning of the week many were confused about some of the basic concepts and were also very uncomfortable with the video tape equipment. They suggested that the introduction to the concepts of microcounselling and the initial use of the video tape equipment be improved.

The second aspect had to do with choosing what skill would be practiced. The workshop was organized with the sequence of the skills and the amount of time spent on each predetermined by the trainers. This was somewhat flexible but the flexibility was in terms of the amount of time the group needed on a particular skill. A number of the participants mentioned that they would have preferred to choose individually what skills they would practice and the amount of time spent on each.

The modifications to the program as a result of this feedback will be discussed in Chapter V.

Discussion of Results

The statistical results and subjective reactions give

considerable support to this method being effective in teaching these basic interviewing skills to this group of experienced paraprofessionals.

A viewing of the tapes plus a check with the individual raters indicated that most of the responses rated as "other" were when the counsellor was giving advice, information or proposing a solution to the client's problem. That this measure was so significantly different at the end of the week was very important because the basic idea of these skills was that the counsellor needs to listen and have the client explore his problems before the counsellor starts giving solutions. This group had difficulty with this concept because their experience told them that people expected the counsellor to give answers to their problems as soon as possible.

Counsellor talk time was not mentioned during the workshop but was a variable expected to show significance if in fact the counsellors were being more attentive to their clients. As Aldridge and Ivey (1975) stated, "If a person or counselor is to listen to another, it seems important that he stay on the topic and provide time for the other to talk" (p. 142). This measure as well as the "other" measure were the two most significant results.

Table 2 indicates that the number of open questions did not change significantly. It was expected that there would be more open questions at the end of training but in fact it is noticed that the mean score is less in the post

test interviews. Two possibilities may explain this result.

The first possibility is the attitude of the trainers. During the course of the workshop, the trainers emphasized the importance of following the client rather than leading him. It was also pointed out that closed questions often lead the client to areas in which the counsellor has an interest rather than encouraging the client to expand on his own concerns. While open questions were presented as useful in exploring the client's concerns, the workshop participants may have hesitated to use any questions for fear of leading the client and setting up a questioning attitude in the interview.

A second possibility is, that because of the short five minute interview and the increased use of other skills, open questions were not needed. The data indicates that the counsellors increased their use of paraphrases, minimal encouragers, and reflection of feelings while at the same time very significantly decreasing their talk time. It appears that these skills were sufficient to encourage the client to talk about his concerns for most of the interview and few questions, open or closed, were needed. In a longer interview perhaps more questions would be used.

As noted previously, some people experienced confusion at the beginning of the workshop in trying to understand the various concepts as well as understanding the use of video tape equipment. In addition to these concerns a number of people mentioned that they would have preferred to

to work at an individual rate rather than a group rate. Taking this feedback into account, two of the previous trainers have subsequently modified the workshop and conducted it with other paraprofessional groups. These modifications will be discussed in Chapter V.

CHAPTER V

SUMMARY AND IMPLICATIONS

This chapter will (1) briefly summarize this study and the results, (2) consider some implications this study may have and, (3) mention some modifications used in subsequent workshops as a result of participant feedback.

Summary

The main objectives of this study were to (1) develop a program, modified from the Ivey and Gluckstern (1974a) training model, (2) to train experienced paraprofessionals in a residential setting and (3) to evaluate the program by taking pre and post behavioral measures of basic attending skills.

Fifteen paraprofessionals from various social service agencies were participants in the five-day residential program. Video taped interviews were taken before and after training. Two independent judges rated these tapes in terms of the number of times a skill was used. The dependent variables were the number of topic jumps, minimal encouragers, open questions, closed questions, paraphrases, reflections of feeling, "other" and the amount of counsellor talk time.

An .05 level of significance was considered necessary for rejection of the null-hypothesis. Statistical analysis indicated rejection of all but one of the null-hypotheses.

Only the null hypothesis about open questions was not rejected.

The participants' reactions to the workshop were very positive with some suggestions for change. Modifications of the workshop will be discussed in the next section.

Implications

The skills taught in this course are so basic to effective interpersonal communications that some supervisors would be willing to assume that all counsellors should have these in their repertoire of skills. If this assumption is made, the microcounselling method could be adapted to the selection and/or evaluation of counselling personnel. Further discussion and research would be needed in this area.

It was thought by the trainers that having the participants present real concerns as clients rather than role playing would be of benefit. This idea was supported by subjective feedback from the participants. Research designed to compare programs which had either real or role played clients could give indications as to the importance this has to the learning situation.

Experience with this workshop and subsequent modified programs suggests that the trainers be prepared to deal with various issues. The most important of these issues is in reference to the expectations the participants have of themselves. Our experience has been that the typical experienced paraprofessional that we have worked with tries to do much more than is expected. Specifically he tries to

be an expert counsellor using various skills to solve the client's problem in five minutes. The focus of the week is on individual skills with no emphasis put on problem solving. The trainer needs to be prepared to make very clear the expectations and focus of the week and then be prepared to do that until it is understood. It is probably that this is to be anticipated more with experienced counsellors rather than naive trainees. The experienced counsellor probably has had many people expecting him to give answers and solutions to problems as soon as possible.

Authier and Gustafson (1975) have emphasized "a need for teaching skills specifically designed for the population that is being taught" (p. 78). While with beginning counsellors the skills of this workshop would be sufficient, with more experienced counsellors other skills may be necessary. Our experience in conducting workshops for paraprofessionals strongly indicates their need for training in these basic listening skills, but in addition, the trainer may want to be prepared to teach more advanced skills upon request.

When thinking of more advanced skills, the writer has a strong bias towards the participants being able to demonstrate ability with the basic attending skills before teaching more advanced skills. This is consistent with the view held by Egan (1975).

When conducting this type of workshop, the trainer should have experience and skills in group leadership. It

is in fact a week long group experience. The method offers a definite structure but because of the need to demonstrate certain behavior and then receive feedback various interpersonal situations can evolve. The trainer needs to be sensitive, as any group leader, to the dynamics of the group process.

Modifications

Modifications to this program have been used with other, similar paraprofessional groups. These modifications have taken place as a result of feedback from the participants.

With the more modified program no work is done, by the participants, on the individual skills until the second day of the workshop. On the first day there is a very extensive discussion about the microcounselling method, the skills taught and how these skills relate to the many other skills used in the counselling process. The trainers then model each individual skill with the use of video tapes and live modeling. As a result the participants have a complete overview of the skills, how they relate to the counselling process and the method of teaching for the week.

Time is also spent operating the video tape equipment. This is done in an informal easy manner to allow the participants to get comfortable with both operating the equipment and seeing themselves on video tape.

As a result of the positive feedback about being a real client during the week, subsequent groups have been

cued to this aspect of the workshop in a more specific manner. Time is taken on the first day to introduce this concept and to discuss some non-threatening topics that they may feel comfortable in talking about as clients. It is emphasized that the topics need to be real but not very intimate. It is suggested that while in the counselling role they will learn the skills and while in the client role they will learn "how it works" first hand.

Before the end of the first day, the participants divide into triads with a counsellor, client and observer. Based on some of these interviews and the knowledge the participant has of himself, each individual decides what skills he will work on during the week.

During the week the participants are divided into smaller groups but each individual decides what particular skill he will be working on in his interview. In this way the individual still has the benefit of group feedback but is working at his own rate, on the skill that he chooses.

A formal evaluation, as yet, has not been conducted on this modified course. Subjective evaluation however, indicates that people have a better understanding of the concepts in the workshop, are more relaxed and work more readily on the particular skills they have chosen.

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APPENDICES

APPENDIX A

HENWOOD REHABILITATION CENTRE

Henwood is an in-patient treatment centre for drug dependencies including alcoholism, operated by the Alberta Alcoholism and Drug Abuse Commission. It is located near Edmonton a few miles northeast of the city limits on Highway 15. It has 64 patient beds, 50 for males and 14 for females, arranged in dormitory style.

Admission to Henwood is wholly voluntary, though in most cases individuals are referred to Henwood by a professional person or agency. Application forms are available from Commission offices, hospitals, social agencies and most physicians.

The normal stay at Henwood is twenty-eight days, with the possibility of a later return for a special "repeater" programme of fourteen days.

In addition to the treatment component, Henwood also has some educational services. The educational programs conducted at the centre are typically of the week long, live-in type.

There are two basic programs. The first program offers basic information about alcoholism and explores attitudes. In addition, this course introduces the participants to some practical competencies needed to work effectively with the alcoholic. It is considered that a vital learning component of this program is that while the participants are involved with the educational course, they are also in association with alcoholics seeking recovery. The alcoholics in treatment are a

most important source of experience and information.

The first course has a definite focus on alcoholism. The second course has a definite focus on skills training. The method followed in the second course is a modified microcounselling program.

APPENDIX B

WHO AM I?: A COCKTAIL MIX

Goal

To allow participants to become acquainted quickly in a relatively non-threatening way.

Group Size

At least ten participants

Time Required

Approximately thirty minutes

Materials Utilized

I. One 8 1/2 x 11 inch sheet of paper with the question "Who Am I?" written in one-inch letters at the top for each participant.

II. Pencil and straight pin for each participant.

Physical Setting

Large room in which participants may move freely.

Process

I. Participants receive the materials and are allowed ten minutes in which to write five key dimensions about themselves. The facilitator should stress legibility as participants must be able to read those dimensions in order to become acquainted with other participants.

II. The completed sheets are pinned to the front of each participant.

III. As soft music plays in the background, the participants circulate in a cocktail party fashion but without speaking.

IV. The facilitator asks participants to move on to another person every two minutes for five to eight "meetings".

V. After this nonverbal phase, the participants are told to return to two or three different people they thought would be interesting, based on their previous encounter. They may now speak to each other. They may be encouraged to ask questions which they ordinarily would not ask.